County Name: _____

HSD-2 PROVIDER LIST - List of Physicians and Other Practitioners

Name of Physician or Mid-Level Practitioner	Specialty	Indicate G=Group I=IPA PH=PHO D=Direct S=Staff	Location City	Location Zip Code	Contracted Hospital Where Privileged	Serves Commercial and Medicare	Serves Commercial Only	Accepts New Patients Y or N	Medicare Payment Arrangement FS=fee schedule DFS=discounted FFS CAP=capitation

Prepare a separate table for each county requested.

PROVIDER LIST - List of Physicians and Other Practitioners   **TABLE: HSD-2**

Instructions:

Provide a separate table for each county or partial county.

Array providers alphabetically by type of provider (Group, IPA, PHO, Direct w/Plan and Staff) and location.

Column Explanations:

1. Name of Physician or Mid-Level Practitione (physician assistants, nurse practitioners and nurse mid-wives).

2. Specialty - Self-explanatory.

3. S=Staff G=Group I=IPA P=PHO D=Direct S=Staff Self-explanatory.

4. Service Address - Specifiy the address (street,city, state, zip), location where the provider serves patients. Providers should be listed alphabetically first by Group, IPA, PHO, Direct w/Plan and Staff. If a provider sees patients at more than on location list each location separately. However, the provider should only be counted once on HSD Table 1.

5. Contracted Hospital(s) Where Privileged Identify hospital(s) in the geographic area where the provider has admitting privileges, other than courtesy priveleges.

6/7. Serves Commercial Only/Serves Commercial & Medicare Please check which one column applies.

8. Accepts New Medicare Patients? Provide "Yes" or "No" response

9. Medicare Payment Arrangements - FS= Fee Schedule DFS = Discounted Fee Schedule CAP= Capitation etc. - Identify the payment method used to pay contracted providers.

Provlist.xls.7/99